

**Dental Professional Advisory Committee (DePAC)
Bulletin**

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If you have comments, suggestions, or would like to submit articles or event dates in the DePAC Bulletin, e-mail LCDR Ricks at tim.ricks@mail.ihs.gov.

This newsletter has been formatted without graphics so that it can be downloaded more readily by USPHS dentists from the different agencies. It is formatted as both a Word document and in WordPerfect.

Article #1: *USPHS Dentists respond to the National Tragedy*

By LCDR Tim Ricks and CDR Dan Hickey

Our Nation was struck by tragedy early on Tuesday morning, September 11, 2001, when hijacked airliners crashed into the two towers of the World Trade Center in New York City, the Pentagon in Washington, D.C., and in a remote field in southern Pennsylvania, resulting in the tragic deaths of over 5,000 U.S. citizens. As a result, on September 12, 2001, Health and Human Services Secretary Tommy Thompson activated the Commissioned Corps of the U.S. Public Health Service.

At the time of this article (September 20, 2001), no dentists had been deployed yet to the northeastern U.S. to aid in the response to these terrorist attacks. A call was put out through the listserver and the various agencies, requesting that dentists with forensic experience respond. According to CDR Dan Hickey, the DePAC CCRF representative/liaison, 23 USPHS dentists volunteered in this call, including 12 who were CCRF members and 11 non-CCRF dentists. It is expected that up to six of these dentists will be activated to assist in the identification of remains in the northeast.

Additionally, 44 Commissioned Corps officers were deployed as part of the National Disaster Medical System (NDMS). It is not known if any dentists were deployed in this group, but dentists may be deployed soon as support personnel for disaster teams, including roles in communication and logistics.

In response to the activation of the Commissioned Corps, Surgeon General David Satcher instructed all officers to immediately update their information in the Division of Commissioned Personnel (DCP) database. In addition, officers are encouraged to update their contact information with the Commissioned Corps Readiness Force if they are members.

We are saddened by this tragedy, and our hearts and prayers go out to the victims, their families, and everyone else affected by this tragedy. Many Commissioned Corps officers are now wearing their uniform daily in a show of patriotism and solidarity. The DePAC expresses gratitude to the many officers who have volunteered for deployment, and we will attempt to keep everyone informed in a timely manner on future needs or deployments.

Article #2: *Special Message by the Chief Dental Officer*

By RADM Dushanka Kleinman

As this newsletter goes to press we have dental officers on site in New York City. The following message was written at the end of August 2001. This was just a few weeks ago. Now it seems like years. The events of the past ten days have penetrated our souls yet have catalyzed our spirit. Our thoughts and prayers are with the victims, their families and their friends and our actions are with the rescue, recovery and rehabilitation efforts. I am proud of the rapid response, creative thinking and willingness of the dental category officers in reacting to this tragedy. I thank you.

The professional associations: American Dental Association, American Dental Education Association have been extremely responsive and have partnered with our public health efforts. The Federal Dental Chiefs have kept us informed and guided our contributions on a day-to-day basis. It is clear that we need to bring the entire dental family together soon to collectively assess and plan for the future.

As we struggle to place the experience of these past days into the context of our lives let us not forget the critical role we play in ensuring the health of all people. Together with other health care professionals we serve to protect and promote all aspects of health physical, mental and social well-being. I urge us to focus and continue to do what we can to preserve this essential attribute of life.

Although I have not altered my August message I, like all of us, have been altered by the recent events. It will take time to digest all the implications of this disaster. I ask all of us to commit to enhanced communication and collaborative brainstorming. Listening to, learning from and supporting one another will allow us to emerge with renewed approaches for health promotion and disease prevention. I welcome your suggestions and comments.

Article #3: *RADM Kleinman selected as Chief Dental Officer*

By NIDCR Information Office

In July 2001, RADM Dushanka V. Kleinman was selected as the Chief Dental Officer of the Public Health Service (PHS). In this role, she provides leadership for and coordination of PHS dental programs and professional affairs for the Office of the Surgeon General and for the Department of Health and Human Services.

RADM Kleinman is the Deputy Director of the National Institutes of Dental and Craniofacial Research (NIDCR) at the National Institutes of Health (NIH), a position she has held since 1991. As the Deputy Director, NIDCR, she oversees, with the Director, the Institute's wide scope of extramural and intramural biomedical and behavioral research and related policy, programmatic and advisory committee activities. In addition, Dr. Kleinman represents the NIDCR programs at all levels of government, and ensures effective liaison with national and international research and public health communities. She has assumed the role of Acting Director of the Institute twice, between Directors (1994-5; 2000).

RADM Kleinman received her commission in 1978 and was assigned to the Division of Dentistry, Health Resources Administration, and worked on preventive dentistry, epidemiology and geriatric dental education curriculum development grants. In 1980 she transferred to the National Institute of Health where she lead research program evaluations and research planning activities in the Office of the Director, National Institute of Dental Research. In 1988 she joined the Institute's intramural Division of Epidemiology and Oral Disease Prevention to direct the oral mucosa, pain and injuries section, and managed the Division for a year.

In 1980 Surgeon General Antonio Novello requested RADM Kleinman to join the Office of the Surgeon General, PHS, for a year as the Special Assistant for Program Activities. While with the Surgeon General, RADM Kleinman addressed national issues related to tobacco control, injury prevention, women's health and established the Healthy Children Ready to Learn Initiative that spanned three departments.

RADM Kleinman had a variety of experiences before joining the PHS Commissioned Corps in 1978. She graduated from the University of Illinois College of Dentistry and then completed a hospital-based residency at the University of Chicago Hospitals and Clinics. She went on to teach and practice dentistry at the Boston University, Henry Goldman School of Dental Medicine, while obtaining her Masters of Science in Dental Public Health. This training, and her project on preventive behavior of mothers and children, was supported by a NIDR National Research Service Award. RADM Kleinman also directed a community-based prevention program designed to train dental and dental hygiene students at the University of Maryland Dental School.

RADM Kleinman has served as a member of the DePAC, on numerous PHS committees and currently

is on the ROG Advisory Group. She also is a liaison to the American Dental Association and other professional organizations. Perhaps RADM Kleinman's major contribution to the PHS and to the nation has been her role in overseeing and managing the development of the first Surgeon General's Report on Oral Health, together with Dr. Caswell Evans, a report that was released in May, 2000. She also was instrumental in the Surgeon General's Conference on Children and Oral Health, and is working on the federal component of the National Oral Health Plan called for in the report subsequent to its release.

Through her work at NIDCR Dr. Kleinman has contributed to the advancement and management of oral health sciences and the demonstrated leadership in extending research findings into practice. RADM Kleinman has been recognized with numerous awards, including the Surgeon General's Exemplary Service Medal, the PHS Distinguished Service and Meritorious Service Medals, two PHS Outstanding Service Medals, as well as PHS Commendation and Citation Awards. She is also the recipient of the Jack D. Robertson Award, and Distinguished Alumni Awards, among others. She is a Diplomat and Past-President of the American Board of Dental Public Health, and has been President of the American Association of Women Dentists and the American Association of Public Health Dentistry.

Article #4: *Message from the Chief Dental Officer*

By RADM Dushanka Kleinman

I appreciate the opportunity to provide a message for this and future newsletters and commend LCDR Timothy Ricks for his energy and perseverance in launching and managing this important vehicle for communication. Together with the DePAC listserv conceived by CAPT Lee Shackelford and implemented by CDR Chris Halliday and LCDR Tim Ricks, we are well positioned to promote the esprit de corps by reporting major accomplishments and by raising issues for discussion and resolution.

I am looking forward to working with you as the Chief Dental Officer and welcome your suggestions, your insights and your time to address issues that can better position us to continue to improve the oral health of the nation. RADM (retired) William R. Maas has graciously been mentoring me and providing critical background material so that the transition can be as smooth as possible. On a daily basis I am experiencing the strength of the ties he has developed and maintained with professional organizations, federal programs, and volunteer groups. We all are indebted to his leadership over the past four years, one that oversaw the development and release of the first Surgeon General's report on oral health. Thank you RADM Maas!

The First Few Months

The past two months have provided me with a "taste" of the many activities that fall within the purview of the office. I have been using this time to capture suggestions for activities from individual officers and from other dental staff and experience the routine aspects of the position. I thank CAPT Terry Hoffeld, our DePAC chair, who has provided me with an overview of the committee's activities and joined me at several meetings of the Chief Professional Officers and Professional Advisory Committee Chairs. Both CAPT Hoffeld and CAPT Skip (Robert) Miller attended the meeting of the Federal Dental Chiefs last month. A theme that comes through these meetings is that we must be positioned to address issues of relevance to overall health, to all of dentistry and to the dental workforce, including those in the Commissioned Corps and beyond.

I have begun to meet with senior leadership and staff members of the American Dental Association (ADA) and am looking forward to preparations for the ADA House of Delegates meetings in October. CAPT Jerome Alford is guiding me through this process. In August I was able to attend one day of the Academy of General Dentistry annual meeting and join our active PHS officers for their business

meeting, among other events. CAPT Shackelford was extremely helpful in arranging for me to meet with Council chairs and others. Our involvement in professional organizations is critical and raises the visibility of the federal role and capacity in addressing the nation's oral health needs. These organizations also allow us to work side by side with members of the profession who practice in a wide variety of settings.

Upon their request, I also met with Dr. Saskia Estupinan-Day and Dr. David Brandling-Bennett from the Pan American Health Organization (PAHO). There is no question that we must address oral health through the lens of a global perspective. PAHO, the World Health Organization and other international organizations provide us with a venue for these perspectives.

I have had the opportunity to represent the Surgeon General at several events and meetings. In these settings, that have included federal groups and professional meetings, I have had the chance to further see the benefit of our involvement in the broader family of health professions and health issues. Finally I have begun initial meetings with staff from our PHS agencies and hope to have a full orientation to key activities in each agency during the coming months. Thus far I have met briefly with CAPT Don Schneider (CMS) and CAPT Ric Broderick (IHS), and meet routinely with RADM (ret.) Bill Maas (CDC).

Areas of Emphasis and Themes

In addition to the many routine activities that will continue to be addressed, I will focus on the following three areas of emphasis during my tenure as Chief Dental Officer with your help. I believe these three areas and related themes will prepare us to be more effective in serving the Nation's health.

#1. Develop and Implement the National Oral Health Plan in collaboration with the Healthy People 2010 Objectives: Knowing where we are and where we are going is critical to any group. In "Oral Health in America: A Report of the Surgeon General", Surgeon General Satcher charged us with developing a National Oral Health Plan that should be designed to eliminate oral health disparities and improve quality of life. These two goals are identical to those for the Healthy People 2010 objectives. We will work closely within the federal programs and in continued collaboration with professional, non-profit and volunteer organizations to finalize a published action plan that can be implemented and monitored.

#2. Maintain and Build Our Oral Health Data Surveillance Systems: Accurate and timely data facilitates program planning and evaluation, and policy development, and can serve to identify emerging needs. We are fortunate to have several major efforts underway that will allow us to consolidate and build upon existing data systems. This area of emphasis should permit us to maximize the use of available data and identify areas for which data are still lacking. Again we will need to work with government, professional, private, academic and global efforts to gain the necessary input.

#3. Address Workforce Needs: People are our most valued resource. We need to work on all levels assuring an adequate workforce to address the missions of each of our respective agencies; building a public health infrastructure that can address health needs at the local, state and national level; and focusing on workforce needs for dental school faculty and dental research. Diversity of our workforce is critical! We will continue to address barriers such as the burden on recent graduates of large student loans, and also pursue maximum use of existing mechanisms that can be used to recruit and support students from a full range of backgrounds into dental careers.

Themes that run through these three areas of emphasis include a focus on:

- health promotion and disease prevention;
- addressing and eliminating health disparities;

- maintaining a global perspective; and
- working in partnerships and coalitions.

Our respective agency missions allow us to use the tools of dental service delivery, research, education, and policy development to address the themes and areas of emphasis.

Organization and Contacts

We are fortunate to live and work in environments in which the importance of rapid and direct electronic communication is recognized and valued. On a day- to-day basis I will be working with a small group at the NIDCR, but will pursue the three main areas of emphasis mentioned above working with all of you and with other dental personnel in the PHS and beyond. Through the DePAC and its many workgroups I hope to channel the efforts of many officers for continued contributions to career development, communications, awards, CCRF and women's issues. I will be initiating routine meetings of the PHS Oral Health Coordinating Committee beginning in November, and will keep you informed of the times and dates via the listserv. I am pleased to announce that Dr. Caswell Evans has been recruited to serve as the Director, National Oral Health Initiative, a position that is co-funded by the CDC and NIH. For the first year he is detailed to the Office of the Surgeon General. He can be reached at 301-594-3281 (cas.evans@nih.gov).

At the NIDCR Ms. Roz Bauer will continue to serve as my secretary and point of contact for both the Deputy Director, NIDCR and for the Chief Dental Officer positions. She can be reached at 301-496-9469 (rosalind.bauer@nih.gov). Ms. Ellie Murcia, Program Analyst, will provide critical analytic and organizational expertise for both positions. She can be reached at 301-594-4865 (ellie.murcia@nih.gov). Please include copies to both of them (cc) in your email correspondence with me unless inappropriate. In this way I can more accurately capture and respond to your requests and issues. In addition, I am pleased to announce that CAPT James Lipton has agreed to work with me and others on the workforce issue. His particular focus will be on developing options for recruiting a more diverse group of students into dentistry using the full range of federal mechanisms and by working closely with the Department of Defense. CAPT Lipton can be reached at 301-594-2618 (james.lipton@nih.gov).

There is much more to add but I will use the listserv and other means to provide you with updates on activities and issues. I thank LCDR Ricks for giving me extra space for this issue. I encourage you to contact me by phone, fax or email if you have any questions, concerns or activities you are passionate about addressing and urge you in joining me to make the next four years exciting and productive.

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Article #5: *Call for Nominations for Dental Professional Advisory Committee:*

By LCDR Amanda Cramer

The Dental Professional Advisory Committee (DePac) seeks motivated commissioned corps and civil service dentists for terms beginning January 1, 2002. The Dental Professional Advisory Committee provides advice to the Surgeon General and the Chief Professional Officer on Professional and personnel issues related to the Dental Category. The DePac focuses on improving the Public Health Service dental workforce. This is accomplished by examining issues concerning awards/recognition, communications, promotions, retention/recruitment, clinical issues and overall career development.

New members will be selected based on their commitment to improving the capabilities of the dental workforce in the Public Health Service. Openings are available for new representatives for three-year terms beginning January 1, 2002. The meetings are typically held in Rockville, MD. Members in the field are usually connected via teleconference if the member is unable to travel to attend the meeting. The DEPAC needs **YOU!** Please consider this as an important step in your career. Self-nominate today!

Please use the FAXBACK feature of Corpsline to request a blank self-nomination form (which includes a space for supervisory approval) be faxed to you. You can reach Corpsline at (301) 443-6843. Listen to the menu and choose the option, "To retrieve documents through FAXBACK", and request document number: 6539. Complete the self-nomination form and send it along with a current curriculum vitae and a cover letter describing how your experience and expertise will benefit the DEPAC. The completed package must be submitted by October 1, 2001, to the address below:

LCDR Amanda L. Cramer
PO Box 160
Ft. Duchesne, UT 84026
Phone: 435-722-5122 ext.6810
Fax: 435-722-2761
E-mail: Amanda.cramer@mail.ihs.gov

Article #6: *CCRF UPDATE*

By CDR Dan Hickey

CCRF - ONLY FOUR MONTHS TO GO!

On February 14, 2001, the Surgeon General approved the Commissioned Corps Readiness Force (CCRF) initiatives, mandating certain requirements for membership be completed as of January 2, 2002. That is a mere four months away! So ... if you wish to be deployed with CCRF, officers must have the following:

- current BLS (basic cardiac life support for healthcare providers);
- approval from the Chief Dental Officer;
- 50% completion of the web-based online training modules;
- pass the CCRF physical fitness test (done annually);
- meet the parameters of the PHS Height/Weight standards;

- must have a physical exam no more than 2 years old on file with Medical Affairs Branch of DCP;
- satisfactory completion of immunization requirements;
- have a current dental license on file at DCP;
- must be current in the dental category (i.e., must have at least 112 hr. clinically as a “wet-fingered” dentist);
- completion of any mandatory or pertinent role-specific training (more on this momentarily);
- must login to the CCRF website database (<http://oep.osophs.dhhs.gov/ccrf>) every three months.

More detailed information regarding each of these areas is posted on the CCRF website. It is incumbent on each officer to proactively peruse these criteria and complete those areas of deficiency if they wish to remain qualified for deployment. Also please make certain your supervisor’s information is accurately entered in the database.

Role-specific training within the dental category is anticipated to focus on auxiliary functions of dental officers within the CCRF. A recent discussion with CAPT John Babb, Director, Office of Emergency Preparedness, brought to light a possible role for dentists in the CDC’s National Pharmacy Stockpile (NPS) acting as managers assisting the directing of community resources, and involvement with patient facilitation (consent; education; follow-up) and records systems. Training in familiarization with the NPS will be developed by CDC and appropriately posted. CDR Lynn Slepski, CCRF Response Coordinator, reported on possible functions for dentists, including activation for staffing shortages; working with universities and community health centers; acting as liaison officers (communications; data management); adjutant work with Regional Offices and state public health departments; and international assignments. Keep in mind the mission of the CCRF: to quickly mobilize a cadre of Commissioned Corps officers, with unique skills and education, in times of extraordinary need during disaster, strife, or other public health emergencies, or to meet urgent programmatic needs which have significant public health impact. As the CCRF evolves, activation opportunities for dentists will continue to be investigated.

Article #7: *BoP Update*

By CDR Dan Hickey

BOP WELCOMES NEW CHIEF DENTAL OFFICER

The Dental Category of the Federal Bureau of Prisons is proud to announce a new Chief Dental Officer. CAPT Nicholas Makrides takes the helm from CAPT Rod Kirk in mid-September after 15 distinguished years of BOP service.

Chief Professional Officers in the Bureau function in leadership capacities, serving as a liaison to the professional staff in the field institutions; providing guidance and support with the Bureau’s Central Office, the Health Services Division, Medical Director Dr. Newton Kendig, and other leaders; directing and assisting in recruitment activities; and managing the Bureau’s Dental Health Program. This latter task involves overseeing the efficient and effective plan of dental health care delivery in the Bureau, using system-wide approaches and innovative strategies in prevention, dental materials, telemedicine, electronic health records, and new technologies. Health promotion and disease prevention are critical areas of focus, with the Chief Officer assisting staff and inmates to increase awareness of and compliance with methods and practices currently used to control the spread of infectious diseases.

Nick comes to Central Office from the Federal Medical Center, Fort Worth, TX, where he served as an outstanding Chief Officer of that institution for 7 years. Concurrent with those tasks, for the past

three years Nick was also the South Central Regional Dental Consultant, providing leadership to dentists in the sixteen facilities in the region. His first assignment with the Public Health Service was with the Bureau at FCI LaTuna, TX in 1987. During his stellar career, Nick has been a jack-of-all-trades, acting in many capacities in addition to his dental responsibilities, such as Clinical Director, Health Services Administrator, and Acting Associate Warden. His skills and capabilities have been recognized and utilized by the Bureau repeatedly.

Dr. Makrides a graduate of Oral Roberts University Dental School in 1986, and earned his Masters of Health Care Management Webster University in 1995. He brings to the Bureau a wealth of experience, expertise, enthusiasm, and professionalism. Please extend your congratulations and support to the Federal Bureau of Prisons new Chief Dental Officer!

Article #8: *DePAC Women's Issues Subcommittee Update*

By CAPT Rosemary Duffy

These are a few of the results from the Women's Issues Subcommittee (WIS) of the Dental Professional Advisory Committee (DePAC) survey that many officers completed last year. The response rate was 77% and the members of the WIS would like to thank all of the officers who participated in the survey.

The results from the survey will be used to help address the needs and concerns of current officers, as well as assisting in the recruitment and retention of new officers. The WIS expects to have a draft report for the DePAC this fall and a final report available to all dental officers early in 2002.

WIS Members:

LCDR Kathleen Anderson - USCG
LCDR Amanda Cramer - IHS
CAPT Rosemary Duffy - CDC, Chair
CAPT Suzy Eberling - IHS
CAPT Janie Fuller - FDA
LCDR Renee Joskow - CDC
CAPT Gary Kaplowitz - USCG
CAPT Marilyn McKean - HRSA
CDR Gelynn Majure - USCG
CAPT Carol Sherman - HRSA
CAPT Jeanine Tucker - IHS
CDR Walton Van Hoose - BoP
LCDR Valarie Wilson - BoP

Introduction

WIS Data

The higher percentages/numbers on these charts are due to timing issues, and some mis-reporting of Agency. If officers transferred at about the time of the survey and changed agencies, what they reported would not jive with the "official" tally, given on a specific date. They are also in only agencies with small total numbers, so that a misreport or transfer will have great impact in influencing the percentage reported. We also have the HRSA/Coast Guard misunderstandings wound up in there (most of the discrepancies are HRSA).

WIS Data, Preliminary Runs May 2001

Survey demographics:

1. Response Tallies of Gender by Rank

Gender	Rank					
	0	3	4	5	6	Total
Female	1	25	32	22	18	98
Male	1	30	56	111	122	317
Total	2	55	88	133	140	418

NOTE: A total of 418 officers answered both gender and Rank questions. Of these, 98, or 23 percent, were women. The percentage of women officers declines with increasing rank: at the O-3 level, 45% of officers are women, at the O-4 level, 36 % are women, at the O-5 level 17%, and at the O-6 level, less than 13%.

2. Response Tallies of Gender by Agency

Gender	Agency									
	BOP	CDC	FDA	HRSA	IHS	NIH	OS	PSC	Other	Total
Female	17	5	4	8	42	5	1	0	10	92
Male	71	4	3	47	151	7	0	2	29	311
Total	88	9	7	55	193	12	1	2	39	406

NOTE: Four hundred and six officers answered questions on both gender and agency. Of those agencies with more than 20 dental officers, the percentage of women ranged from 14.5 (HRSA) to 25.6 (Other: *** are most of these coast guard??.) Agencies with few dentists (CDC, FDA, NIH, OS) tended to have relatively high proportions of women.

Response Tallies of Gender by Agency Stratified by Rank
3. Rank = O-3

Gender	Agency									
	BOP	CDC	FDA	HRSA	IHS	NIH	OS	PSC	Other	Total
Female	4	0	0	0	14	1	0	0	4	23
Male	3	0	0	3	20	0	0	0	4	30
Total	7	0	0	3	34	1	0	0	8	53

NOTE: Of entry level respondents, 49% are women. Most women at the entry level were in larger agencies: Bureau of Prisons, the Indian Health Service, and other agencies. Smaller agencies may not have many entry level positions?

Response Tallies of Gender by Agency Stratified by Rank
4. Rank = O-4

Gender	Agency									
	BOP	CDC	FDA	HRSA	IHS	NIH	OS	PSC	Other	Total
Female	7	2	0	2	16	0	0	0	5	32
Male	16	0	0	1	32	1	0	0	5	55
Total	23	2	0	3	48	1	0	0	10	87

NOTE: Most women at the O-4 level are also in the larger agencies. At this level, 37% of respondents were women.

Response Tallies of Gender by Agency Stratified by Rank
5. Rank = O-5

Gender	Agency									
	BOP	CDC	FDA	HRSA	IHS	NIH	OS	PSC	Other	Total
Female	6	1	0	1	9	2	0	0	0	19
Male	30	1	1	11	54	1	0	0	11	108
Total	36	2	1	12	63	3	0	0	11	128

NOTE: At the O-5 level, 15% of Dental Officers responding were women. Women are proportionately better represented now in smaller agencies. Larger agencies now have declining percentages of women.

Response Tallies of Gender by Agency Stratified by Rank
6. Rank = O-6

Gender	Agency									
	BOP	CDC	FDA	HRSA	IHS	NIH	OS	PSC	Other	Total
Female	0	2	4	5	3	2	1	0	1	18
Male	22	3	2	31	45	5	0	2	9	118
Total	22	5	6	36	48	7	1	2	10	137

NOTE: At the O-6 level, half the O-6 women who responded were in smaller agencies. There were nine women and twelve men at this level from these smaller agencies who responded. Senior women did not proportionately populate larger agencies. In larger agencies, over 90% of the O-6

respondents were men.

Survey demographics:
7. Response Rates of Gender by Rank

Gender	Rank					
	0	3	4	5	6	Total
Female	1	66%	71%	85%	95%	77%
Male	1	51%	82%	79%	74%	75%
		63%	78%	80%	76%	76%

8. Response Rates of Gender by Agency

Gender	Agency									
	BOP	CDC	FDA	HRSA	IHS	NIH	OS	PSC	Other	Total
Female	61%	83%	100%	114%	68%	125%	100%	none	10	72%
Male	75%	67%	60%	127%	68%	64%	0%	50%	29	73%
Total	72%	75%	78%	125%	68%	80%	50%	50%	39	74%

Response Rates of Gender by Agency Stratified by Rank
9. Rank = O-3

Gender	Agency									
	BOP	CDC	FDA	HRSA	IHS	NIH	OS	PSC	Other	Total
Female	44%	none	none	none	58%	1(NL)	none	none	4	61%
Male	50%	none	none	33%	53%	none	none	none	4	60%
Total	47%	none	none	33%	55%	1	none	none	8	60%

NOTE: A notation of "none" means that DCP has no officers of that sex and/or rank listed. NL means that even though there was a respondent, DCP has "no listing" for an officer of that rank and sex.

Response Rates of Gender by Agency Stratified by Rank
10. Rank = O-4

Gender	Agency									
	BOP	CDC	FDA	HRSA	IHS	NIH	OS	PSC	Other	Total
Female	58%	67%	none	200%	67%	none	none	none	5	71%
Male	80%	none	0%	1(NL)	80%	100%	none	none	5	81%
Total	72%	67%	0%	300%	75%	100%	none	none	10	77%

Response Rates of Gender by Agency Stratified by Rank
11. Rank = 0-5

Gender	Agency									
	BOP	CDC	FDA	HRSA	IHS	NIH	OS	PSC	Other	Total
Female	86%	0%	none	50%	82%	100%	none	none	0	73%
Male	81%	50%	100%	138%	69%	100%	none	0%	11	77%
Total	82%	33%	100%	120%	71%	100%	none	0%	11	77%

Response Rates of Gender by Agency Stratified by Rank
12. Rank = 0-6

Gender	Agency									
	BOP	CDC	FDA	HRSA	IHS	NIH	OS	PSC	Other	Total
Female	none	100%	100%	125%	100%	100%	100%	none	1	95%
Male	69%	75%	67%	111%	67%	55%	0%	100%	9	72%
Total	69%	83%	86%	113%	69%	64%	50%	100%	10	74%

Article #9: *Indian Health Service Update*

By CDR Chris Halliday

The Indian Health Service has updated The Director's Oral Health Initiative, which focuses on improving the oral health status of the American Indian and Alaska Native population through existing services and by responding to recruitment and funding challenges. Findings from the recent 1999 Oral Health Survey indicate that for American Indian and Alaska Native people:

- 79% of children aged 2-5 years had a history of dental decay.
- 63% of 8 and 15-year-olds had dental sealants.
- 68% of adults and 61% of elders had untreated dental decay.
- 59% of adults 35-44 years and 61% of elders have periodontal (gum) disease.

While these data indicate huge disparities in oral health, there have been improvements since the 1991 Oral Health Survey. These results show:

- A 14% increase in the number of children 5-19 years with ~~no decay~~.
- A 12% decrease in the number of children 5-19 years with ~~high decay rates~~ (7 or more cavities).
- A 9% decrease in the number of adults 35-44 years with periodontal disease.
- A 21% increase in the number of adults 35-44 years who have never lost a tooth due to periodontal (gum) disease or dental caries (cavities).

ACCOMPLISHMENTS

During FY 2000-2001 much progress has been made at furthering the Oral Health Initiative. This includes:

Published the Oral Health Status and Treatment Needs Survey Report.

- Funded 7 Tribal Health Boards and Area Offices for the dental and clinical preventive support centers. Received an \$8 million dollar increase in FY 2001 to enhance dental services for Indian people.
- Convened a meeting of the National Oral Health Council and developed an action plan.
- Made loan repayment awards to 61 IHS and tribal dentists; over three times the number made in FY 1999.
- Changed the organization structure of the Division of Oral Health to focus functions on leadership, policy development, advocacy, and budget.
- Met all three GPRA objectives for oral health for FY 2000-- access to care, dental sealants, and fluoridation.
- Developed Memorandum of Understanding with the National Institutes of Dental and Craniofacial Research/National Institutes of Health to enhance collaboration on research issues.

PLANS

The Indian Health Service plans to pursue the following plans during fiscal year 2002:

- Offer loan repayment to dentists and dental hygienists in IHS and tribal programs, as funding permits, in order to increase access to dental services for Indian people. Additional recruitment efforts are underway with dental schools and implementing an interactive web page.
- Allocate funding to enhance capacity of all Area Fluoridation Teams and tribes to enhance effective community water fluoridation programs.
- Fund an additional three dental clinical and preventive support centers through tribal health boards and Area Offices to enhance technical assistance and training for IHS and tribal programs.
- Fund an additional three IHS and/or tribal programs to develop and implement periodontal disease treatment and prevention protocols in order to reduce the impact of periodontal disease among patients with diabetes.

For more information on the Indian Health Service Oral Health Initiative, contact Dr. Chris Halliday, Acting Principal Dental Consultant, Office of Public Health, Indian Health Service (IHS), (301) 443-1106.

Article #10: *DePAC Recruitment Workgroup Update*

By LCDR Tim Ricks

Activity Report

The DePAC recruitment workgroup recently announced the selection of the DCP-DePAC liaisons, who will assist the USPHS dental category in implementing the recently revised Associate Recruiter Program. Those selected included: LCDR Jim Schaeffer, CDR Jose Rodriguez, and CDR Tim Lozon.

The purpose of the Associate Recruiter Program is to identify individual dentists who are willing to assist Agency recruiters by calling PHS candidates, assess their interest in a career in the Public Health Service, answer questions, and direct those interested to the various agency recruitment websites. The DePAC recruitment workgroup has already begun implementation of this program.

Workgroup members include: LCDR Tim Ricks, chair; LCDR Marlon Brown, CDR Chris Halliday, CDR Tim Lozon, LCDR Paul Subar, LT Godfrey Onugha, LCDR Jennifer Borden, and CDR Jim Eisenminger.

Article #11: *USPHS Dental Listserver Update*

By LCDR Tim Ricks

Listserver Report - August 20, 2001

1. Subscriptions - there are now 258 officers voluntarily subscribed to the USPHS Dental Listserver, 254 dentists and 4 dental hygienists. This represents a substantial increase from the number of subscribers in June (214), approximately a 20% increase. We (Chris H. and myself) will continue to take every opportunity to promote the listserver. We ask that DePAC members continue to promote this system to their peers. USPHS dentists and dental hygienists may subscribe to the listserver by e-mailing me (tim.ricks@mail.ihs.gov) or CDR Chris Halliday (challida@hqe.ihs.gov), or by going to the listserver web page (<http://list.nih.gov>), click on BROWSE, type in Dentist-L, then click on subscribe to the list.
2. Postings there has been a steady stream of postings on the listserver, and, based on recent replies to postings, activity has increased in the last two months. There have been a total of 90 original postings on the listserver since its inception in late March: March-19 postings; April 13; May 20; June 9; July 18; and August 11 (as of August 20). We still need more organizational postings from the ADA, AGD, ADHA, etc., so Chris and I will continue to work on promoting the listserver to these organizations.
3. Daily maintenance there have been relatively few error messages in the last few months. CDR Halliday and I continue to manage the listserver on a daily basis, handling all error messages, subscription requests, and monitoring postings for appropriate content. In the five months of the listserver, we have added all of the subscribers, including e-mail address changes. Only two people have unsubscribed from the listserver in the last five months, and one person was forced to unsubscribe.

If you would like to subscribe to the USPHS Dental Listserver, please e-mail the co-administrators of the listserver, LCDR Tim Ricks (tim.ricks@mail.ihs.gov) or CDR Chris Halliday (challida@hqe.ihs.gov).

Article #12: *Newsletter (DePAC Bulletin) Update*

By LCDR Tim Ricks

Hope you are enjoying this issue of the newsletter. It is significantly different in style and content from the first issue. The report below was submitted to DePAC after the first issue was distributed. If you want to see other articles in the newsletter, or if you have any ideas that will help improve the newsletter, please contact LCDR Tim Ricks, 775-574-1018 or tim.ricks@mail.ihs.gov.

1. Results of the first issue there were some problems with electronic and hard copy distribution of the first issue, but many people were complimentary of the first issue of the newsletter. Although the length of the newsletter (8 pages) was a little long, it served as a good introductory newsletter, especially for junior officers.
2. Distribution solutions since many people could not open Microsoft Publisher, there was some trouble with electronic distribution. Therefore, the next issue of the newsletter will be put in several formats: Word, plain text, Publisher, and WordPerfect. Distribution will be electronic, except for DePAC members, who will receive a hard copy (and are free to copy it and pass it along to colleagues). Because of the various formatting, there will be fewer graphics with this second issue. The newsletter will also be distributed on the listserver.
3. Next issue the deadline for submissions is August 28th. Those entities (Agency Representatives, Organizational Representatives) wishing to submit an article must do so by this deadline. On the first issue, these people had to be contacted over and over to get a simple article. Now that the first issue has been released, it is crucial that we (DePAC) take ownership and pride in the newsletter, and each of us should do our part to keep the newsletter going volunteering to be Agency representatives, submitting articles, and asking organizational reps (AGD, ADA, ADHA, CCRF, etc.) to submit articles. I expect this second issue to be completed by September 7, 2001, and I expect it to be around 4 pages in length. First page RADM Dushanka Kleinman appointed Chief Dental Officer? ; Second page From the CDO; Third page From the DePAC Chair plus agency reports; Fourth page Agency reports/organizational reports. If there are any special events planned in the next three months, please e-mail me to let me know the dates (to go into Schedule of Upcoming Events?).

Article #13: *Communications Workgroup Update - Web page activity*

By CDR Chris Halliday

Website Update Report - August 21, 2001

The IHS web designer who is overseeing the update on the USPHS Dental Category website has been making progress towards an end product. Law 508 activities continue to hinder the web designer's ability to put in a great deal of time on this project and progress has been slower than originally anticipated. Highlights of the most recent draft of the web page include:

- The minutes of all but the most recent three meetings will be placed into an achieve
- Due to IHS policy, the name Indian Health Service will have to appear above the menu bar of each page. It was explained that this is agency policy
- The DePAC membership directory will be converted to a PDF file format to facilitate printing,

copying and the sending the file through email. The elimination of the current table format makes the page non-compliant with law 508; in addition, it hinders the ? cut and paste process

- The mission and goals of the DePAC should be reviewed
- A menu bar will be added, horizontally, across the top of the screen to facilitate navigation of the site
- Due to Law 508, when link is accessed, a notice will appear announcing that the user is leaving the IHS website
- The mentoring page(s) will merge into the DePAC website, meaning that there will no longer be a separate directory (servers). This will allow for better access to data by CAPT Shakelford or his designee
- The PowerPoint presentation (recruitment) will be converted to an Adobe Acrobat file; this will allow for easier access by those without PowerPoint
- Will need someone to copy and paste all of the meeting minutes so that they can be placed into an archive.any volunteers?
- We are still waiting for IHS to approve the use of a template; until that approval comes, the site may appear to be a bit non-descript.
- The web-designer will go ahead and convert the current page to the new appearance to give us a flavor of what the final product will look like. The aim is to have this done by 9/1/01
- We need pictures to post on the web site!
- It would be nice to have a one-page description of each of the agencies.DePAC reps should submit this narrative, if the group feels that it would be nice to place such information on the website
- The date of completion for the project has not yet been determined; it continues to be delayed due to the nature of the web designer working on his project only on a time-available basis

If you have suggestions on how the dental category web page can be improved, contact CDR Chris Halliday, the communications workgroup chair, at (301) 443-1106, or by e-mail, challida@hqe.ihs.gov.

Article #14: Upcoming Events

October 3-6	ADEA Second International Women's Leadership Conference in Vancouver, BC. Theme: Global Health through Women's Leadership
October 13-17	American Dental Association annual meeting, Kansas City. Contact CAPT David Clemens at dclemens@bop.gov for additional information or go to the ADA website, www.ada.org
October 15	ADA Women's Health Conference, Kansas City Conference Room 4300F